Canadian Community Health Survey

Cycle 1.1 Report 3

Nova Scotia's Health Care System: Use, Access, and Satisfaction

January 2004

Introduction

The Canadian Community Health Survey (CCHS) is a new series of health surveys being conducted by Statistics Canada. Its purpose is to provide 136 health regions across the country with regular and timely cross-sectional information about Canadians' physical and mental well-being, factors that affect their health, and their use of health care services. Data from the first instalment of the CCHS (Cycle 1.1) were collected between May and December 2001 and were released in May 2002. More than 125,000 Canadians, aged 12 years and older, were interviewed. A general overview of Cycle 1.1 data was released by the Nova Scotia Department of Health in October 2002 and is available at <http://www.gov.ns.ca/heal/downloads/cchs_dha.pdf>.

This report, the third in a series from CCHS 1.1, examines the use of physicians and other health care providers in Nova Scotia and the quality and satisfaction ratings of the health care delivery sectors. It also takes a look at those who felt they needed care but did not receive it. All results discussed in the report are based on the Canadian Community Health Survey (CCHS 1.1).

Highlights

- at least 81% of Nova Scotians visited a family physician in the past 12 months
- approximately 10% of Nova Scotians, aged 12 and over, report an overnight stay in a hospital or nursing home in the past 12 months
- 43% of Nova Scotians had no contact with a dentist or orthodontist in the past 12 months
- approximately 9% of Nova Scotians reported having had a nursing visit in the past 12 months, and the visits most frequently occurred at home
- Nova Scotians rate their health care services, their hospital care, their physician care, and their community care very highly
- 14% of Nova Scotians report that they felt they needed health care but did not receive it
- Among Nova Scotians who felt they needed care but did not receive it, 36% cite "wait times being too long" as the leading reason for not receiving care
- Those in younger age groups, those in the lowest income grouping, and women were more likely to report not receiving care when they felt they needed it

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Overnight stays

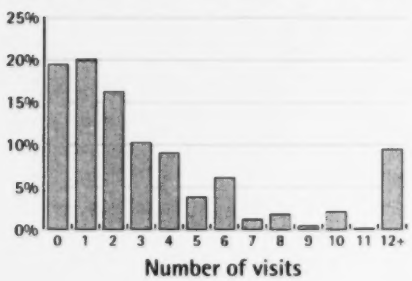
Almost 10% of Nova Scotians report having been a patient overnight in a hospital or nursing home in the past 12 months. Seventy-three per cent of the overnight stays were for seven nights or less, and 87% were for 14 nights or less. It is important to note that no distinction was made between these two types of facilities in the survey. Since nursing home stays can be long, this may overestimate the length of overnight stays in hospitals.

Who sees health care professionals?

Family physicians

Nearly 81% of Nova Scotians report having visited a family physician at least once in the past 12 months (Fig. 1). While the majority (55.4%) reported between one and four visits to a family physician, a substantial proportion (9.4%) of Nova Scotians reported having seen a physician 12 or more times in the past year. Nineteen per cent of Nova Scotians had no contact with a family physician in the past 12 months

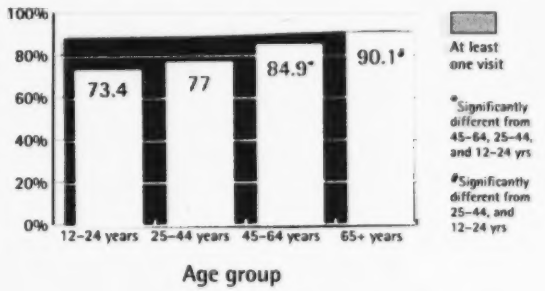
FIGURE 1 Number of visits with a family physician in the past 12 months, Nova Scotia (CCHS 1.1)



Women reported more family physician visits than men. Eighty-seven per cent of women reported a visit with a family physician in the past 12 months, versus 74% of men. This may be a reflection, in part, of women seeking care during child-bearing years.

Older people report more visits to family physicians than younger people (Fig. 2). The oldest age group, 65+ years, was significantly more likely to report a family physician visit than the three younger age groups (45–64, 25–44, and 12–24 years). Similarly, those in the 45–64-year age group were significantly more likely to report a family physician visit than those in the next two younger age groups (25–44 and 12–24). The age groups, 25–44 and 12–44, showed no significant difference between them. This may be a reflection of the fact that health generally declines with age.

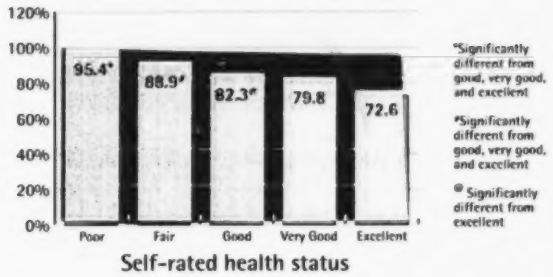
FIGURE 2 Physician visits within age groups



Nova Scotians were equally likely to report a physician visit across education levels and income adequacy groupings. This is believed to be a reflection of the widely accessible publicly funded health care system in Nova Scotia.

The likelihood of reporting a physician visit increases with poorer health status (Fig. 3). Those who rated themselves as having "poor" health or "fair" health were significantly more likely to report having had a family physician visit than those who rated themselves as having "good," "very good," or "excellent" health. Those who rated themselves as having "good" health were significantly more likely to report having had a family physician visit than those who rated themselves as having "very good" or "excellent" health.

FIGURE 3 Percentage of respondents with at least one family physician visit in the past year by self-rated health status, Nova Scotia (CCHS 1.1)



Self-rated health status

Eye specialists

Approximately 37% of Nova Scotians report at least one visit with an eye specialist (ophthalmologist or optometrist) in the past 12 months. This figure suggests that Nova Scotians are not having their eyes checked every one to two years as recommended.[1] Thus, there may be an under-utilization of these health-care professionals in Nova Scotia, which may be because not all such visits are publicly funded.

Nursing visits

About 9% of Nova Scotians reported having a nursing visit in the past 12 months. Contact with a nurse most frequently occurred at home (22.1%), followed by a doctor's office (15.3%), and a hospital outpatient clinic (15.1%). A large portion of these nursing contacts would be under the Nova Scotia Home Care Program, which has about 30,000 patient-visits per year.

Dental care

About 43% of Nova Scotians had no contact with a dentist or orthodontist in the past 12 months, 27.9% had one visit, and 18.7% had two visits. This suggests few Nova Scotians are seeing a dentist at the recommended rate of once every six months.[2] Nova Scotians in the lowest income adequacy grouping were significantly less likely to report a dental visit than those in the high-middle and highest groupings. Those in the low-middle income adequacy grouping were significantly less likely to report a dental visit than those in the middle, high-middle, and highest income groupings.

Other health-care professionals

Table 1 shows the use of several other health-care professionals, including chiropractors, physiotherapists, social workers, psychologists, and speech pathologists/audiologists.

Table 1 Percentage of Nova Scotians Accessing Other Health-Care Professionals, Estimates From CCHS 1.1

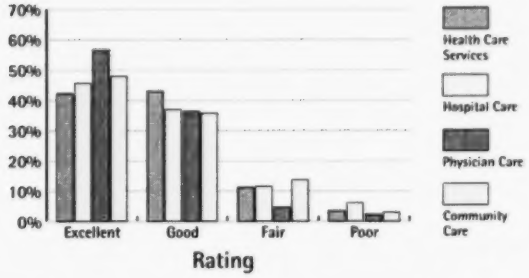
Health-Care Professional	Estimated Percentage Accessing
Chiropractor	3.3%
Physiotherapist	8.4%
Social Worker/counsellor	5.3%
Psychologist	2.6%
Speech Pathologist/audiologist/OT*	1.8%
Alternative health-care providers*	5.9%

*The category "alternative health-care provider" includes such services/providers as acupuncturist, homeopath, naturopath, message therapist, reflexologist, herbalist, spiritual/religious healer, and others.

How does the health-care system rate?

Nova Scotians are very pleased with the health care they receive. Among Nova Scotians who received care in the past 12 months, 85% rated the quality of the health-care services as good or excellent. Among the types of care received, the quality ratings for good or excellent ranged from 83% for hospital care to 93% for physician care (Fig 4).

FIGURE 4 Quality ratings of heath care services in Nova Scotia (CCHS 1.1)



Eighty-four per cent of Nova Scotians, who received care in the past 12 months, were somewhat or very satisfied with the health-care services they received. Among the types of care received, the percentage of those who were somewhat or very satisfied ranged from 80% for hospital care to 92% for physician care (Fig. 5).

FIGURE 5 Satisfaction ratings of health care services in Nova Scotia (CCHS 1.1)

Who is not receiving care?

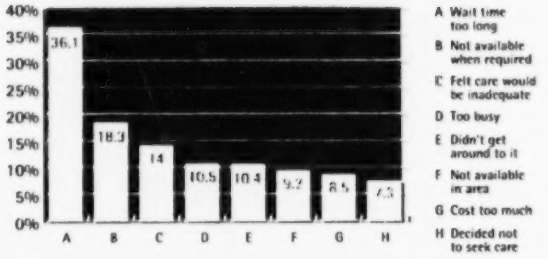
Overall, about 14% of Nova Scotians report that "in the past year there was a time they felt they needed care, but didn't receive it." This rate was similar to the rate for Canada (13%), the neighbouring province, New Brunswick (13%), and Manitoba (13%), a province of similar population. There were no significant differences among the district health authorities in the percentage who felt care was needed but not received, suggesting that access to care is consistent across the province.

Among those who did not receive care when they felt they needed it, the most commonly reported type of health problem for which care was not received was a "physical problem" (70.9%). Other categories were "an injury" (10.3%) "a mental health problem" (8.5%), "regular check-up" (7.8%), and "other" (6.2%).

The CCHS section on "care not received" is based on a subjective assessment of unmet need. The survey asks, "... was there a time in the past year you felt you needed care but did not receive it?" It is important to note that this was not an objective assessment, taking into account the nature and severity of the health problem, nor were objective measures employed to determine the extent of the unmet need (e.g., the time from the onset of a health issue to the time care was sought). Wait times are an important issue to Nova Scotians. The Department of Health has made this issue a priority and is currently working on the best ways to address it. Several measures being taken by the Government of Nova Scotia are outlined in the document "Your Health Matters: Working Together Toward Better Care."[3]

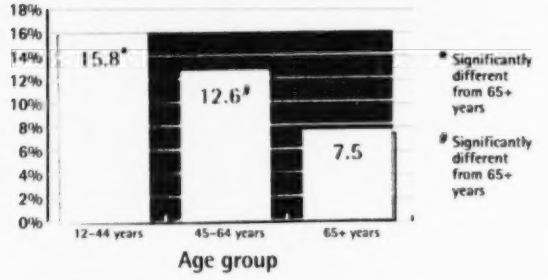
Figure 6 shows some of the reasons cited for "not receiving care when it was felt it was needed." The top eight reasons can be split into two categories: those reasons that are related to the health-care system and those that are more personal factors. The system-related reasons include "the wait time was too long," (36.1%), "care was not available when required" (18.3%), and "care not available in my area" (9.2%). The remaining five reasons are more related to personal factors: "felt care would be inadequate" (14.0%), "too busy" (10.5%), "didn't get around to it" (10.4%), "care cost too much" (8.5%), and "decided not to seek care" (7.3%).

FIGURE 6 Reasons care was not received, Nova Scotia (CCHS 1.1)



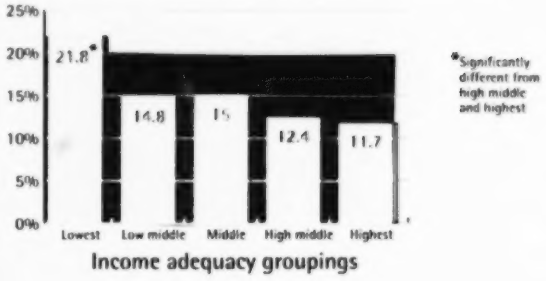
Women report not receiving care when they felt it was needed more than men: 15.2% for women versus 11.9% for men. A significantly higher percentage of those in the youngest age group (12–44 years) report not receiving care when they felt they needed it than those in the oldest age group (65+ years). The same holds true for the middle age group, 45–64 years, when compared to the oldest age group, 65+ years (Fig. 7).

FIGURE 7 Percentage who "...felt care was needed but not received," by age group, Nova Scotia (CCHS 1.1)



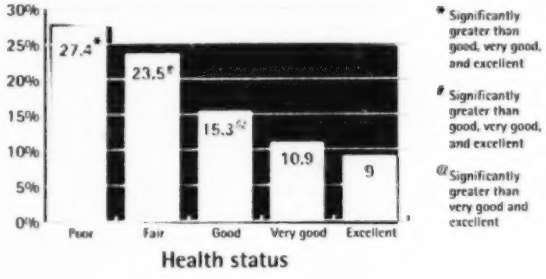
Those in the lowest income adequacy grouping were significantly more likely to report not receiving care when it was felt it was needed than those in the high-middle and the highest income adequacy groupings (Fig. 8).

FIGURE 8 Percentage who "... felt care was needed but not received," by household income adequacy groupings, Nova Scotia (CCHS 1.1)



The likelihood of someone reporting not receiving care when they felt it was needed increased with poorer health status. Those who rated themselves as having "poor" or "fair" health were significantly more likely to report not receiving care when it was felt it was needed compared to those who rated themselves as having "good," "very good," or "excellent" health. Those who rated themselves as having "good" health were significantly more likely to report not receiving care when they was felt it was needed, compared to those who rated themselves as having "very good" or "excellent" health (Fig. 9).

FIGURE 9 Percentage who "... felt care was needed but not received," by self-reported health status, Nova Scotia (CCHS 1.1)



This result may seem contradictory when viewed in the light of the finding under "Who sees a family physician," above, where those with the poorest health status were most likely to report a physician visit. This may be explained, in part, by the finding under income, where the lowest income grouping was most likely to report not receiving care when needed. Not all types of care are covered under the publicly funded health care system; and, for many, a significant proportion of care (e.g., drugs, dental, nursing, physiotherapy) must be purchased "out of pocket." This may also be a function of who is seeking care. Those who seek care more often may also be more likely to report not receiving care when they felt they needed it.

Additional Resources

Additional information on health care access is available in a Statistics Canada report titled: "Access to health care services in Canada: 2001." The report can be found on the Statistics Canada website at: <http://www.statcan.ca/english/freepub/82-575-XIE/free.htm>.

This document was prepared by the Performance Measurement and Health Informatics Section, Information Management Branch of the Nova Scotia Department of Health. For additional information on the data included in this report, please contact us at (902) 424-8291.

Copies of this report are available on line at: <http://www.gov.ns.ca/health/downloads/cchs_utilization_2004.pdf>

Copies of other reports in this series from CCHS 1.1 are available at: <http://www.gov.ns.ca/health/downloads/cchs_smoking_2003.pdf> and <http://www.gov.ns.ca/health/downloads/cchs_physical_activity_2003.pdf>

References

1. "Regular Eye Examinations." Optometry–The Canadian Association of Optometrists. http://www.opto.ca/caosection/ (November 24, 2003).
2. "Visiting the Dentist: The Check-up." Canadian Dental Association–Your Oral Health. http://www.cda-adc.ca/english/your_oral_health/visiting_dentist/checkup.asp (November 24, 2003).
3. "Your Health Matters: Working Together Toward Better Care." Nova Scotia Department of Health, 2003.